

N000704902
Date Filed: 8/8/2018
John R. Ashcroft
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: <u>8/31/2018</u>

N000704902
Building Consensus, Inc
JENNIFER THOMPSON
425 E HIGH ST
JEFFERSON CITY MO 65101

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 425 East High st (Required) STREET <u>Jefferson City MO 65101</u> CITY / STATE ZIP

2	<p>If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p><input type="checkbox"/> The new registered agent _____</p> <p>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</p> <p><input type="checkbox"/> The new registered office address _____</p> <p>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p>
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	OFFICERS	BOARD OF DIRECTORS *
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>
3	A <u>PRESIDENT</u> Silvey , Angela STREET 1405 NE 95th Terr CITY/STATE/ZIP <u>Kansas City MO 64155</u> <u>SECRETARY</u> Mansker , Taylor STREET 8024 N Hemple Ave CITY/STATE/ZIP <u>Kansas City MO 64152</u> STREET _____ CITY/STATE/ZIP _____ STREET _____ CITY/STATE/ZIP _____	B <u>NAME</u> Silvey , Angela STREET 1405 NE 95th Terr CITY/STATE/ZIP <u>Kansas City MO 64155</u> <u>NAME</u> Thompson , Jennifer STREET 425 East High CITY/STATE/ZIP <u>Jefferson City MO 65101</u> <u>NAME</u> Mansker , Taylor STREET 8024 N Hemple Ave CITY/STATE/ZIP <u>Kansas City MO 64152</u> <u>NAME</u> _____ STREET _____ CITY/STATE/ZIP _____
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED	

4	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *	
	Authorized party or officer sign here	<u>angela Silvey</u> (Required)
	Please print name and title of signer:	<u>angela Silvey / President</u>
	NAME	TITLE

REGISTRATION REPORT FEE IS: ___\$10.00 If filed on or before 8/31/2018 ___\$15.00 If filed after 9/30/2018 Corporation will be administratively dissolved if report is not filed by 11/29/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____